

Medicare B Update!

A Newsletter for Connecticut and Florida Medicare Part B Providers

First Update to the 2004 Medicare Physician Fee Schedule Database

The Centers for Medicare & Medicaid Services (CMS) has identified various inconsistencies in the 2004 Medicare Physician Fee Schedule Database (MPFSDB), and has provided changes in this first quarterly update to the 2004 MPFSDB. **Unless otherwise stated, the changes that follow are effective for claims with dates of service January 1, 2004 or later, processed April 1, 2004 or later.** All changes are applicable in Connecticut and Florida, except for differences in allowances (as noted).

Changes included in this first update to the 2004 MFSDB are as follows:

CPT/HCPCS	ACTION
A4644	Change procedure status from D to E
A4645	Change procedure status from D to E
A4646	Change procedure status from D to E
A9525	Change procedure status from X to I
G0268	Change TOS indicator from 1 to 2 <i>This change is effective January 1, 2003</i>
0037T	Change bilateral surgery indicator from 0 to 1 <i>Effective for services performed on or after January 1, 2003</i>
47133	Change procedure status C to X
47525	Change bilateral surgery indicator from 0 to 1
52001	Change multiple procedure indicator from 2 to 3 Add endoscopic base code = 52000
52005	Change multiple procedure indicator from 2 to 3 Add endoscopic base code = 52000
52234	Change multiple procedure indicator from 2 to 3 Add endoscopic base code = 52000

Continued on page 2...

This special issue is available only on FCSO's provider education Web sites
<http://www.connecticutmedicare.com> and <http://www.floridamedicare.com>

This Medicare B Update! Special Issue is published by the Medicare Communication & Education department of First Coast Service Options, Inc. (FCSO) to provide timely and useful information to Medicare Part B providers in Connecticut and Florida. Questions concerning this publication or its contents may be directed in writing to:

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<http://www.connecticutmedicare.com>
 and <http://www.floridamedicare.com>.

Routing Suggestions:

- Physician/Provider
- Office Manager
- Billing/Vendor
- Nursing Staff
- Other _____

52235	Change multiple procedure indicator from 2 to 3 Add endoscopic base code = 52000
52240	Change multiple procedure indicator from 2 to 3 Add endoscopic base code = 52000
52400	Change multiple procedure indicator from 2 to 3 Add endoscopic base code = 52000
63048	Change bilateral surgery indicator from 2 to 1
73720	Change bilateral surgery indicator from 2 to 0
73720 26	Change bilateral surgery indicator from 2 to 0
73720 TC	Change bilateral surgery indicator from 2 to 0
76070	Change procedure status from I to A, <i>effective January 1, 2003, through February 28, 2003</i>
76070 26	Change procedure status from I to A, <i>effective January 1, 2003, through February 28, 2003</i>
76070 TC	Change procedure status from I to A, <i>effective January 1, 2003, through February 28, 2003</i>
76950 TC	Change diagnostic supervision indicator from 3 to 1
89220	Change procedure status from X to A Change PC/TC to 3 Change SOS to 1 Change multiple procedure indicator to 0 Change bilateral procedure indicator to 0 Change assistant at surgery indicator to 0 Change co-surgery indicator to 0 Change team surgery indicator to 0
89230	Change Procedure Status from X to A Change PC/TC to 3 Change SOS to 1 Change multiple procedure indicator to 0 Change bilateral procedure indicator to 0 Change assistant at surgery indicator to 0 Change co-surgery indicator to 0 Change team surgery indicator to 0
89240	Change procedure status from X to C Change PC/TC to 0 Change SOS to 1 Change multiple procedure indicator to 0 Change bilateral procedure indicator to 0 Change assistant at surgery indicator to 0 Change co-surgery indicator to 0 Change team surgery indicator to 0
92136 26	Change bilateral surgery indicator from 2 to 3

Complete definitions of these and all national policy indicators for each procedure code (and modifier, where applicable) on the MPFSDB were provided in the First Quarter 2004 *Medicare B Update!* (pages 10-14).

Changes to Medicare Allowance for Certain Procedures

In addition to the above changes, the relative value units (RVUs) have been changed for the procedure codes listed below, resulting in revised allowances.

Connecticut

CODE/MOD	PAR	NPAR	L Chg	CODE/MOD	PAR	NPAR	L Chg
76511	118.97	113.02	129.97	76519 TC	58.12	55.21	63.50
76511 TC	64.16	60.95	70.09	76529	85.91	81.61	93.86
76512	105.24	99.98	114.97	76529 TC	52.42	49.80	57.27
76512 TC	66.07	62.77	72.18	89220	17.96	17.06	19.62
76513	109.12	103.66	119.21	89230	19.69	18.71	21.51
76513 TC	69.95	66.45	76.42	94240	42.50	40.38	46.43
76516	86.54	82.21	94.54	94240 TC	28.50	27.07	31.14
76516 TC	54.23	51.52	59.25	96412	54.17	51.46	59.18
76519	90.43	85.91	98.79				

Florida

CODE/MOD	PARTICIPATING			NONPARTICIPATING			LIMITING CHARGE		
	LOC 01/02	LOC 03	LOC 04	LOC 01/02	LOC 03	LOC 04	LOC 01/02	LOC 03	LOC 04
76511	104.00	110.67	115.57	98.80	105.14	109.79	113.62	120.91	126.26
76511 TC	53.82	59.03	62.44	51.13	56.08	59.32	58.80	64.49	68.22
76512	91.66	98.51	103.60	87.08	93.58	98.42	100.14	107.62	113.18
76512 TC	55.95	61.80	65.91	53.15	58.71	62.61	61.13	67.52	72.01
76513	94.84	101.93	107.14	90.10	96.83	101.78	103.61	111.36	117.05
76513 TC	59.13	65.22	69.45	56.17	61.96	65.98	64.60	71.25	75.87
76516	75.17	80.62	84.58	71.41	76.59	80.35	82.12	88.08	92.40
76516 TC	45.70	50.29	53.40	43.41	47.78	50.73	49.93	54.94	58.34
76519	78.34	84.04	88.12	74.42	79.84	83.71	85.59	91.81	96.27
76519 TC	48.88	53.71	56.94	46.44	51.02	54.09	53.40	58.68	62.21
76529	74.99	80.51	84.65	71.24	76.48	80.42	81.93	87.96	92.48
76529 TC	44.41	49.06	52.34	42.19	46.61	49.72	48.52	53.60	57.18
89220	15.08	16.54	17.50	14.33	15.71	16.63	16.47	18.07	19.12
89230	16.49	18.06	19.07	15.67	17.16	18.12	18.02	19.73	20.83
94240	37.27	40.32	42.72	35.41	38.30	40.58	40.72	44.05	46.67
94240 TC	24.27	26.91	28.83	23.06	25.56	27.39	26.51	29.40	31.50
96412	47.26	51.68	55.15	44.90	49.10	52.39	51.63	56.46	60.25

Source: CMS Pub. 100-04 Transmittal: 105 Date: February 20, 2004 Change Request 3128

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